Student’s Name: ___________________________  Eagle ID Number: ______________________

Complete this form only if you have been notified by the Office of Student Services that your 2015-2016 Boston College Financial Aid Application or your 2015-2016 Incoming Student Validation Form did not have all of the necessary signatures. This signed statement should be returned to:

Boston College Financial Aid Processing Center
P.O. Box 67486
Chestnut Hill, MA  02467

CERTIFICATION OF ACCURACY OF THE BOSTON COLLEGE APPLICATION/VALIDATION FORM

Through my/our signatures below, I/we attest that the previously received Boston College Application or Validation Form contains accurate and true information.

Everyone whose information is given on the 2015-2016 Boston College Application or Validation Form should sign below. The student (and at least one parent, if parent information was provided) MUST sign below.

Student: _________________________________________ Date: ______________

Spouse: _________________________________________ Date: ______________

Father/Stepfather: ______________________________ Date: ______________

Mother/Stepmother: _____________________________ Date: ______________